REGISTRATION FORM				NP38
Shrines of Mexico		For Office Use Only		
6-Day Pilgrimage	Nativity Pilgrimage	Date	Payment	Check #
Dates: March 8 - 13, 2025				
Cost: \$2,300 per person				
Departure: Charlotte, NC				
Tour Operator: Nativity Pilgrimage				
<b>Phone:</b> 832-406-7050				
Email: info@nativitypilgrimage.com	n <b>Harris</b> (1997)			
Website: www.nativitypilgrimage.co	14733.COM24434			
I understand it is my responsibility to PASSPORTS MUST BE VALID AFT	obtain any visas/re-entry permit necessary for	this trip if I don't ho	old an American Pass	port.
I have read and agreed to all the terms	s and conditions as set forth in this brochure. OF YOUR PASSPORT WITH THIS REGIST	RATION.		
Last name Fi	irst name	Middle		
ſ				
Address	City, State, Zipcode	e		
Phone # (including area code)	Email			
			C •	
Passport Number	Place of issue	Date of	Issue	
Expiration date	Date of birth		Gender: M	F
Emergency Contact (name & phone nu	ımber)			
Special room accommodations				
I want to room with (first & l	ast name)			
I need a roommate				
I want a single room (at an ad	lditional \$400)			
	ndable non-transferable deposit by check or cre t to: Nativity Pilgrimage   15710 JFK Blvd. Su			application and
	Payment Options			
		rican Express	-	
Credit Card #				
(Please make checks	payable to Nativity Pilgrimage) (There is a 3% char	ge for all credit card	payments)	
elect one option: Charge my DEPOSIT nov	w and the balance due 100 days before departure. $\Box$	Charge my <b>TOTAL</b> to	rip cost now (excludes a	ny insurance)
Check enclosed for DEPOSIT ONLY	Check enclosed for TOTAL trip cost (excluding any i	nsurance) Charge	e DEPOSIT ONLY to m	y credit card
	d a confirmation email within 2 weeks of registration,	-		
	visas/re-entry permits necessary for this trip if I do n e and I have read and agreed on all the terms and con-			assports must be
PRINT NAME:	SIGNATURE:		DATE:	



#### Safe Travels First Class International Travel Protection Plan



#### **Plan Highlights**

- Comprehensive coverage for trip cancellation, trip interruption, emergency medical and post-departure travel coverage
- Pre-Existing medical condition waiver available
- US residents traveling within the United States and abroad
- Up to \$150,000 in Secondary emergency medical coverage
- Cancel for Any Reason available in most states
- Property Damage coverage available for accommodations
- Rates for AK, MO, and PA are listed on page 3 and all other state rates are listed on page 4

### **Property Damage**

Provides reimbursement for direct physical damage to covered real or personal property within the unit occupied by the insured during the trip.

### **Cancel for Any Reason**

Provides reimbursement for the percentage of the prepaid, non-refundable, forfeited payments you paid for your trip, if you cancel your trip for any reason not otherwise covered by this policy. Must be purchased with initial policy and within 14 days of the trip deposit date, and the full, non-refundable trip cost is insured. \*Not available in NY and WA.

### Pre-existing Medical Condition Exclusion Waiver

Exclusion is waived if coverage is purchased within 14 days of the initial trip deposit date, and the full, non-refundable trip cost is insured, and you are medically able to travel on the policy effective date.

# 10-Day Free Look

If you are not satisfied within 10 days of purchasing this plan, Trawick International will refund your premium cost if you have not departed on your trip or filed a claim.

### Non-Insurance and Travel Assistance Services

24-hour travel assistance services are provided by On Call International.

# Underwritten by:

Benefits listed describe all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company. There are certain restrictions, exclusions and limitations that apply to all services and coverages. Plan benefits, limits, and provisions may vary by state. To review full plan details online, visit www.trawickinternational.com. You will receive a Certificate of including available 24-hour emergency assistance services and for your state of residence.

# Plan Admin:

Trawick International (888) 301 - 9289 PO Box 2284 Fairhope, AL 36533 info@trawickinternational.com www.trawickinternational.com